Forensic Alcohol Testing Form

(The instructions for completing this form are on

Alere

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SPECIMEN ID N20044335



the back of Copy 3.) ►Step 1: To be completed by Alcohol Technician A. Employee Name (Last Name, First Name) LAB NUMBER B. SSN or Employee ID No. Panel Affix or Print Screening Results Here. Facility No. C. Employer Name & Address DEPARTMENT NAME STREET ADDRESS Affix with CITY, STATE, ZIP CODE Tamper Evident Tape. PHONE # FAX # D. Reason for Test ☐ Pre-Emp. ☐ Random ☐ Post-Accident ☐ Reas. Susp. ☐ Return to Duty ☐ Follow-up ☐ Other E. Collection Site Name & Address Collection Site N Affix or Print Confirmation Results Affix with Tamper Evident Tape. ► Step 2: To be completed by Employee/De I certify that I am about to submit to alcohol testing and the aiton pro ided on this form is true and correct. Affix or **Employee/Donor Signature** Print month/day/year) Additional Results (e.g. Calibration Check) Here. ▶Step 3: To be completed by Alcohol Techn If the Technician conducting the screening test is not the cian who will be conducting the confirmation test, each Technician must complete t Affix with Tamper Evident I certify that I have conducted alcohol testing on ed individual, that I am qualified to ove na Tape. operate the testing device(s) identified, and that the s are as recorded. Technician: ☐ BAT ☐ STT Device: Saliva ☐ Breath 15-Minute Wait: ☐ Yes Result: Negative Test Results: Results MUST be affixed to each copy ☐ Positive Screening Test: of this form or printed directly onto the form. For Breath Device: write in the Alcohol Technician Name Alcohol Technician Phone No. space below ONLY if the testing device is NOT designed to print. Test No .: Date Alcohol Technician Signature (month/day/year) Testing Device: Serial # or ▶Step 4: To be completed by Employee/Donor if Test Result is Non-Negative Lot # & Exp. Date: I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this Activation Time: form. I uderstand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because of these non-negative results. Reading Time: Result: Employee/Donor Signature (month/day/year) Date